

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00592303       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 10 / 2016</div> </div>	

Full Name of Payee <b>Eagle Web Press</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 04 / 20 / 2016</div>	
Mailing Address 4901 Indian School Rd NE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.14</div>	
City Salem	State OR		
Purpose of Expenditure voter guide printing		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 02 / 2016</div>
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11.10</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Gateway Communications, Inc</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 06 / 2016</div>	
Mailing Address 16805 NE Mason Court		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">581.66</div>	
City Portland	State OR		
Purpose of Expenditure design, printing and mailing of postcard		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 10 / 2016</div>
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">23873.76</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">584.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry, Gayle, , ,

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10 / 19 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 10 / 2016</div> </div>	

Full Name of Payee <b>Eagle Mailing Service</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016	
Mailing Address 4907 Indian School Road NE		Amount 1.31	
City Salem	State OR	Zip Code 97305	Transaction ID : WFT20164101842-1
Purpose of Expenditure mailing of voter guide	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2016	
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kilada, David, , ,</b> <input checked="" type="checkbox"/> DAvid Kilada was reimbursed for Facebook ads		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 29560 SW Volley #50		Amount 5.00	
City Wilsonville	State OR	Zip Code 97070	Transaction ID : WFT20164101849-1
Purpose of Expenditure social media	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2016	
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1.31
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 10 / 2016</div> </div>	

Full Name of Payee <b>Gateway Communications, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 16805 NE Mason Court		Amount 23276.00	
City Portland	State OR	Zip Code 97230	Transaction ID : WFT20164101846-1
Purpose of Expenditure design, printing and mailing of postcard		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2016
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016	
Mailing Address 1050 25th St Se		Amount 2.32	
City Salem	State OR	Zip Code 97301	Transaction ID : WFT20164101835-1
Purpose of Expenditure mailing of voter guide		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23278.32
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 10 / 2016

Full Name of Payee <b>Alpha Media, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016
Mailing Address 1211 Sw 5th Ave Suite 600		Amount 10000.00 <b>Transaction ID : WFT20164101914-1</b> Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016
City Portland	State OR	
Zip Code 97204	Purpose of Expenditure radio ads	Category/ Type
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Hill, Casey, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016
Mailing Address 1642 SW 58th Ave		Amount 4.33 <b>Transaction ID : WFT20164101827-1</b> Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016
City Portland	State OR	
Zip Code 97221	Purpose of Expenditure design for voter guide	Category/ Type
Name of Federal Candidate Cruz, Ted, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	10004.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2016	

Full Name of Payee <b>Hill, Casey, , ,</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 1642 SW 58th Ave		Amount 12.97	
City Portland	State OR	Zip Code 97221	Transaction ID : WFT20164101858-1
Purpose of Expenditure design for voter guide		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2016
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		12.97	

Full Name of Payee <b>Kilada, David, , ,</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2016	
Mailing Address 29560 SW Volley #50		Amount 20.00	
City Wilsonville	State OR	Zip Code 97070	Transaction ID : WFT20164101916-1
Purpose of Expenditure social media		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2016
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28770.30	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2016	

Full Name of Payee <b>Eagle Mailing Service</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 4907 Indian School Road NE		Amount 2.14	
City Salem	State OR	Zip Code 97305	Transaction ID : WFT2016410198-1
Purpose of Expenditure mailing of voter guide		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18.90	

Full Name of Payee <b>Eagle Web Press</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 4901 Indian School Rd NE		Amount 5.12	
City Salem	State OR	Zip Code 97305	Transaction ID : WFT20164101911-1
Purpose of Expenditure voter guide printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		24.02	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.26
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry, Gayle, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 10 / 2016	

Full Name of Payee <b>Gateway Communications, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016	
Mailing Address 16805 NE Mason Court		Amount 7732.28	
City Portland	State OR	Zip Code 97230	Transaction ID : WFT20164101932-1
Purpose of Expenditure design, printing and mailing of postcard	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 27 / 2016	
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>KPDQ/The Fish</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016	
Mailing Address 6400 Se Lake Road, Suite 350		Amount 8969.00	
City Portland	State OR	Zip Code 97222	Transaction ID : WFT20164101912-1
Purpose of Expenditure radio ads	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016	
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16701.28
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 05 / 10 / 2016	

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016	
Mailing Address 1050 25th St Se		Amount 3.79	
City Salem	State OR	Zip Code 97301	Transaction ID : WFT2016410195-1
Purpose of Expenditure mailing of voter guide	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016	
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		16.76	

Full Name of Payee <b>KYKN Salem Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address PO Box 1430		Amount 2025.00	
City Salem	State OR	Zip Code 97308	Transaction ID : WFT20164101934-1
Purpose of Expenditure radio ads	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016	
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		28750.30	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2028.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 10 / 2016</div> </div>	

Full Name of Payee <b>Gateway Communications, Inc</b> <input checked="" type="checkbox"/> this invoice is unpaid		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2016	
Mailing Address 16805 NE Mason Court		Amount 3000.00	
City Portland	State OR	Zip Code 97230	Transaction ID : WFT20164101920-1 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Purpose of Expenditure telephone polling		Category/ Type	
Name of Federal Candidate Willis, Colm, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	52619.06

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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